

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS286AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/24/2009
NAME OF PROVIDER OR SUPPLIER MARGARET ROSE RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 S 14TH STREET LAS VEGAS, NV 89101		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 8/13/09 through 8/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 88 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness Category II residents. The census at the time of the survey was 55. One resident file was reviewed</p> <p>Complaint #NV00022763 was substantiated. See Tag Y069 and Y860</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 069 SS=G	<p>449.196(1)(e) Qualifications of Caregiver-Meet needs</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility.</p>	Y 069		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 069	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on interview and record review on 8/17/09, the facility failed to ensure the needs of 1 of 88 residents were met (Resident #1).</p> <p>Findings include:</p> <p>A Resident Incident/Unusual Occurrence Report dated 8/11/09 at 3:30 AM documented Resident #1 fell when she attempted to transfer from her bed to her wheel chair. Employee #4 called 911.</p> <p>A note from the University Medical Center assessment sheet dated 8/11/09 at 5:06 AM documented per Employee #1 "patient was getting out of bed to the wheelchair and the wheelchair moved apparently was not locked."</p> <p>A phone interview with Employee #2 on 9/23/09 at 1:50 PM revealed the facility was to assist Resident #1 with all transfers. Employee #2 stated it is the responsibility of the caregiver to lock the wheels on the wheelchair prior to moving Resident #1 into or out of the wheelchair.</p> <p>The facility documented Employee #4 was terminated on 8/11/09 due to employee not following the proper protocol regarding a hospice patient.</p> <p>As a result of the failure of a facility caregiver to follow protocol regarding locking the wheelchair wheels, the resident fell.</p> <p>Severity: 3 Scope: 1</p>	Y 069			

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Y 895	<p>Continued From page 3</p> <p>(4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 8/17/09, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 88 residents (Resident #1).</p> <p>The MAR was not signed for the following doses:</p> <ul style="list-style-type: none"> * Diltiazem HCL 180 (milligram) mg 1 capsule every day (qd) - 8/7/09 * Fluoxetine HCL 40 mg 1 capsule qd - 8/7/09 * Furosemide 20 mg 1 tablet qd - 8/7/09 * Tamoxifen citrate 20 mg 1 tablet qd - 8/7/09 * Phenytoin sodium extended 100 mg 2 capsules every night (qhs) - 8/8/09 and 8/9/09 * Boost Liq drink the contents of 1 can 4 times daily - 8/3/09 and 8/4/09 PM dose; 8/5/09 AM dose; 8/6/09 and 8/7/09 AM dose, noon dose and PM dose; 8/10/09 AM dose and noon dose * Omeprazole 20 mg tab 1 capsule qd - 8/7/09 * Senna take 1 tablet by mouth every other day - 8/4/09 and 8/6/09 * Thicket take 1/2 tablespoon per 4 ounces to maintain nectar consistency - 8/7/09 and 8/10/09 missed noon doses. 	Y 895			

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Y 895	Continued From page 4 Severity: 1 Scope: 1	Y 895			

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